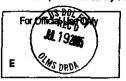
9.3. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 35

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: (1 / 3/ / 2004

3. Name and address of person filing.	4. Name, tile number, and address of labor organization.
Name ANTONIO PETILLO	Name INTL BADTAKAHOOD OF TEAMSTERS COLDS
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any Sume 9	P.O. Box, Building and Room Number, if any
Street 235 /Secret 16 WEST	Street ON Court 16 West
City Torowa	City Corporate Control
State ZIP Code + 4 2757 - 1814	State ZIP Code + 4
Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spou	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with, or conceany value from an employer whose employees your organizable	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.
lame	
rade Name, if any:	
O. Box, Bidg., Room No., if any	7.b. Amount.
treet	
ity	
tate ZIP Code + 4	
Signa	iture
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyly undersigned's knowledge and belief, true, correct, and complete. (See the sect	ng documents), has been examined by the signatory and is, to the best of the
Signed	On <u>7-//-oS</u> <u>973-356-9042</u> Date Telephone Number
m LM-30 (2003)	Page 1 of 2

Name of Person Filling ANTONIO PET	7440 File Number U- 3598
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.
Street City State ZiP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Zip Code + 4	14.a. Nature of payment.
3.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.